

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

SEP 14 1934

28808

**1. PLACE OF DEATH**  
 County Daviess Registration District No. 248  
 Township Liberty Primary Registration District No. 5-244  
 City (No. Daviess County Home) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Walker Venable  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Union Township  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>    </u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 16, 1849</u>				
7. AGE YEARS <u>85</u>	MONTHS <u>4</u>	DAYS <u>22</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>General Labor</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Jan. 1932</u>			
		11. Total time (years) spent in this occupation. <u>Life</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gallatin Missouri</u>				
MOTHER FATHER	13. NAME <u>Al Venable</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>			
	15. MAIDEN NAME <u>Jane McMahan</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>			
17. INFORMANT <u>O. M. Venable</u> (ADDRESS) <u>Gallatin, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lile Cemetery</u> DATE <u>August 9, 1934</u>				
19. UNDERTAKER <u>Hope Furn. &amp; Undt. Co.</u> (ADDRESS) <u>Gallatin, Missouri</u>				
20. FILED <u>Aug 8 1934 Mrs. Sany</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-1-, 1934, to 8-8-, 1934  
 I last saw him alive on 8-6-, 1934. Death is said to have occurred on the date stated above, at 7 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Parenchymatous Nephritis  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
131 131

23. Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) P. G. Gardner, M. D.  
 (Address) Gallatin Mo.

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